

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

In the Matter of)	
)	
Promoting Telehealth for Low-Income Consumers)	WC Docket No. 18-213
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COMMENTS OF NCTA – THE INTERNET & TELEVISION ASSOCIATION

NCTA – The Internet & Television Association (NCTA) supports the Commission’s interest in expanding consumers’ access to connected health care services.¹ The Commission has launched an inquiry into creating a “Connected Care Pilot Program,” which would use universal service funds to support broadband connections for low-income consumers’ use of telehealth services and applications.² To achieve this laudable goal, the Commission must ensure that it creates a program that is open and available to participating by all interested broadband providers, rather than limiting participation only to Eligible Telecommunications Carriers (ETCs) designated under section 214 of the Communications Act, as amended.³

Cable operators are playing an increasingly important role in bringing broadband-enabled health care services to consumers within their territories. Not only do cable operators provide high-speed broadband services to hospitals and health care facilities, but they also are enabling patients to access health care technologies within their homes.

For example, Comcast has enabled patients to access the benefits of telehealth in health care facilities, at home, or on the go through the Comcast Digital Health Initiative. Through a

¹ *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Inquiry, FCC 18-112 (Aug. 3, 2018) (*Connected Care Pilot NOI*).

² *Id.* at ¶ 11.

³ 47 U.S.C. § 214(e).

combination of connectivity, technology, and media, the Comcast Digital Health Initiative provided health care solutions through video messaging, home device monitoring, and patient data analytics capabilities for a series of trials with Medicaid populations in underserved areas. Going forward, the Comcast Digital Health Initiative will develop capabilities in the areas of virtual primary care, aging in place technology enabled by connected home technologies, and remote patient care designed to track a patient's health and progress at home in a post-discharge situation. Comcast recently partnered with Independence Blue Cross, a leading health care innovator in the payor space, to launch a new digital health platform that will provide innovative ways for providers and patients to communicate, including through patient-clinician video messaging; through provider-integrated digital health journeys that guide patients to make the best choices to manage their health care; and through delivery of high-quality educational content, such as videos, surveys, and articles, to provide patients and partners with personalized and actionable health information.

Charter has similarly demonstrated a commitment to, and expertise in, providing connectivity to enable the cutting edge of telehealth and telemedicine—especially for rural health care providers. Charter has partnered with HiMSS Analytics, the largest health IT organization in the world, to study the ways in which improved connectivity can help rural health care providers deploy digital health initiatives and enhance quality of, and access to, care. Moreover, Charter has developed numerous resources for rural health care providers, including webinars, white papers, and practical guides to help them find the right services to support a range of telehealth and telemedicine applications. Charter also provides enterprise connectivity services to multiple hospitals and health systems. For example, Charter is the service provider to OhioHealth, one of the five largest health systems in America, which is made up of 12 member

hospitals, more than 50 ambulatory and surgery centers, and multiple primary care and specialty practices, and which employs telehealth technologies like remote patient monitoring and evaluation to help provide cohesive care and to prevent medical errors.

Cox is also working to bring world-class health care to the home through innovative telehealth and home health solutions. In addition to providing telecommunications and broadband services to health care facilities within its service areas, Cox also provides telehealth through its remote patient monitoring subsidiary, Trapollo, which it acquired in 2015. Through Trapollo, Cox is helping improve patient outcomes by designing, deploying, and managing large scale nationwide telehealth and remote health monitoring programs for chronic disease management.

In Alaska, GCI is using Internet connectivity to improve health care availability in rural and remote areas of the state through its GCI Healthcare division. GCI Healthcare's ConnectMD private meet-me network is a telehealth program that connects over 250 health care facilities, hospitals and clinics supporting telehealth for Alaskans who live beyond reach of the state's major hubs. GCI has built this endeavor over the past 17 years, investing \$300 million to provide critical services including Internet connectivity, video conferencing, security and privacy support, and additional measures to provide transformative telehealth services to Alaskans.

Smaller cable operators also are providing vital high-speed broadband services to health care entities in rural areas. Midco provides Internet connectivity to approximately 100 health care facilities in the sparsely populated and remote rural towns in the Upper Great Plains.

The Commission should seek to harness the extremely relevant experiences and services of cable operators in implementing its Connected Care Pilot Program. Cable operators have been participating in the Commission's existing universal service rural health care support

programs for years, which do not require providers to become ETCs, and there is no policy reason to exclude them from a pilot program designed to increase the availability of telehealth services. Therefore, the Commission should not require participants in the pilot program to be designated as ETCs.⁴

Additionally, a pilot program is effectively an experiment—an opportunity to learn, on a limited and lower-risk basis, whether and how to design an effective permanent program.⁵ It thus makes considerable sense to permit, and indeed encourage, all providers, whether or not ETCs, to participate in the Pilot Program.

As proposed, the Connected Care Pilot Program is a health care program and should appropriately be modeled after the rural health care support mechanisms, which do not require providers to be ETCs to participate. Notably, the Commission is proposing to provide support to health care providers rather than directly to individual consumers, which makes the proposed pilot program consistent with the functioning of the other rural health care universal service programs.⁶ In addition, adopting an ETC requirement could further limit participation in the pilot program by health care entities that receive broadband from providers that are not ETCs.

⁴ *Connected Care Pilot NOI*, FCC 18-112 at ¶ 37.

⁵ *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 21 FCC Rcd 11111, 11111-12, ¶ 4 (2006) (describing pilot program as a “foundation for a future rulemaking that will explore permanent rules” and as an opportunity to gather “useful information” to develop a program “that best achieves the objectives set forth by Congress”).

⁶ *Connected Care Pilot NOI*, FCC 18-112 at ¶¶ 38-39.

CONCLUSION

To ensure the success of the pilot program and improve broadband telehealth availability for consumers, the Commission should encourage participation by the broadest array of broadband providers possible. The Commission should treat the pilot program as part of the rural health care universal service support mechanism, which would not require service providers to receive ETC designations to participate.

Respectfully submitted,

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